

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

26292

1. PLACE OF DEATH

County Iron  
Township Acadia  
City Wentworth (No. \_\_\_\_\_)

Registration District No. 391  
Primary Registration District No. 5546a

File No. \_\_\_\_\_  
Registered No. 45  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Allen Hampton  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23-1847  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
86 1 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

13. NAME Joseph Hampton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Staff. Tenn.

15. MAIDEN NAME Jane Morganis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT Mrs. Ollie Wallen (ADDRESS) Wentworth

18. BURIAL, CREMATION, OR REMOVAL PLACE Wentworth DATE Aug. 13, 1933

19. UNDERTAKER White & Son (ADDRESS) Wentworth

20. FILED Sept. 26, 1933 R. A. Rasche Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12, 1933

22. I HEREBY CERTIFY, That attended deceased from Jan 5, 1930, to Aug 12, 1933  
I last saw her alive on Aug 9, 1933 Death is said to have occurred on the date stated above, at 12:00 m.  
The principal cause of death and related causes of importance were as follows:

Bright's Disease Date of onset 1930  
167 153  
Other contributory causes of importance: Advanced age.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) E. R. Barrhouse, M. D.  
(Address) Wentworth

